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CONFIRMATION NO. 5622

<b>SERIAL NUMBER</b> 09/654,227	<b>FILING OR 371(c) DATE</b> 08/31/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> PLOVIN-1-A
<b>APPLICANTS</b> Juergen Hilman, Berlin, GERMANY; Wolfgang Heil, Berlin, GERMANY; Ralph Lipp, Berlin, GERMANY; Renate Heithecker, Berlin, GERMANY; Michael Huempel, Berlin, GERMANY; Johannes Tack, Berlin, GERMANY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/21/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 35
		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 23599				
<b>TITLE</b> PHARMACEUTICAL COMPOSITION FOR USE AS A CONTRACEPTIVE				
<b>FILING FEE RECEIVED</b> 4084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	